

Case number (if known) **16-18931-mdc**

### Best Case Bankruptcy

Debtor **North Philadelphia Health System** Case number (if know) **16-18931-mdc**

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 City of Philadelphia**

Creditor's Name

**Philadelphia Water  
Revenue Bureau  
1401 JFK Boulevard, 5th  
Floor  
Attn: Megan N. Harper,  
Dep. Solicitor  
Philadelphia, PA 19102**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**2013 to 2016**

**Last 4 digits of account number**

**Attn: Megan N. Harper,  
Deputy**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**See Attachment Two**

**\$716,729.55**

**\$716,729.55**

**Describe the lien**

**Municipal Judgment Liens; See Attachment Two**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

**2.4 Commonwealth of Pennsylvania**

Creditor's Name

**Department of Labor &  
Industries  
Office of Unemployment  
Compensation Tax  
651 Boas Street, 10th Floor  
Harrisburg, PA 17121**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Various Dates**

**Last 4 digits of account number**

**See Attachment One**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Multiple Judgment Liens on NPHS Real and Personal Property; See Attachment One**

**\$1,554,441.41**

**\$1,554,441.41**

**Describe the lien**

**Statutory Lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **North Philadelphia Health System**  
Name

Case number (if know) **16-18931-mdc**

2.5	<b>District 1199C Training Fund</b> Creditor's Name <b>100 South Broad Street</b> <b>10th Floor</b> <b>Philadelphia, PA 19110</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>November 8, 2016</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All Real Property</b>  Describe the lien <b>Consent Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$276,223.25</b>	<b>\$276,223.25</b>
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2.6	<b>Gemino Healthcare Finance</b> Creditor's Name <b>1 International Plaza</b> <b>Suite 220</b> <b>Philadelphia, PA 19113</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>First Security Interest in all Debtor's Accounts, Payment Intangibles, etc. as set forth in UCC-1 Financing Statement.</b>  Describe the lien <b>Non-Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$899,934.41</b>	<b>\$3,091,897.00</b>
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2.7	<b>Philadelphia Gas Works</b> Creditor's Name <b>800 Montgomery Avenue</b> <b>Philadelphia, PA</b> <b>19122-0050</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>2015 and After</b>	Describe debtor's property that is subject to a lien <b>1600 W. Girard Avenue, Philadelphia, PA 19130</b>  Describe the lien <b>Municipal Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$61,239.50</b>	<b>\$61,239.50</b>
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Debtor **North Philadelphia Health System** Case number (if know) **16-18931-mdc**

Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.8 **The Bank of New York Mellon Trust Co NA**

Creditor's Name

(Trustee under 1997 Indenture of Trust)  
500 Ross Street, 12th Floor  
Pittsburgh, PA 15262

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**December 30, 1997**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Debtor's Debt Service and Debt Service Reserve Accounts 1997 Bond Issue; See Attachment Three; Obligation is value of outstanding 1997 Bonds and accrued interest at December 30, 1997 less balance of FHA Mortgage**

**\$2,771,868.79**

**\$2,771,868.79**

Describe the lien

**FHA Mortgage Insurance**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☒ Disputed

2.9 **The Bank of New York Mellon Trust Co. NA**

Creditor's Name

(FHA Mortgagee)  
500 Ross Street, 12th Floor  
Pittsburgh, PA 15262

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**December 30, 1997**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**All Debtor's Real and Personal Property with Subordinated Interest in Accounts and Payment Intangibles, etc. Claim Amount is Unpaid Balance of Principal, interest has accrued since November 1, 2016.**

**\$10,484,167.70**

**\$10,484,167.70**

Describe the lien

**First Mortgage and Security Agreement**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☒ Disputed

Debtor **North Philadelphia Health System** Case number (if know) **16-18931-mdc**

Name

2.1 **U.S. Department of**  
0 **Housing and**

Creditor's Name

**Urban Development  
Office of Hospital Facilities  
451 Seventh Street SW  
Washington, DC 20410**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**December 30, 1997**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Covenant Obligation which is connected with  
FHA Mortgage**

**\$0.00**

**\$0.00**

Describe the lien

**Regulatory Agreement, Section 242 Hospital  
Program**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$16,780,186.**  
**61**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Schedule D - Attachment One

Statutory Judgments  
Commonwealth of Pennsylvania  
Department of Labor & Industries:

Docket No. 160803451	\$652,792.44
Docket No. 160903200	\$299,364.24
Docket No. 160403198	\$146,410.39
Docket No. 160701016	<u>\$455,874.34</u>
Total UC Judgments	<u>\$1,554,441.41</u>

City of Philadelphia, Water Revenue Bureau Liens  
Schedule D, Attachment Two

Debtor: North Philadelphia Health System  
Interest, and Penalties as of: 12/30/2016

### Claim 14

Filed 01/25/17 Desc Main Document

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Bankruptcy:16-18931  
Filing date:12/30/2016

**Pre-Petition Itemized Statement**

<b>ACCOUNT NUMBER</b>	<b>Water Usage Period</b>	<b>TAX PRINCIPAL</b>	<b>PENALTY</b>	<b>LIEN</b>	<b>TOTALS</b>	<b>COMMENTS</b>
	<b>SECURED CLAIMS:</b>					
025-87950-01201-001	02/07/2013 to 12/30/2016	\$ 86,941.06	\$ 12,286.08	\$ 50.00	\$ 99,277.14	1201 N 8th St 19122
420-87950-01201-002	11/30/2016 to 12/30/2016	\$ 90.34	\$ -	\$ -	\$ 90.34	1201 N 8th St 19122
025-87950-01300-001	11/30/2016 to 12/30/2016	\$ 1,872.20	\$ 47.04	\$ -	\$ 1,919.24	1300 N 8th St 19122
025-87950-01301-002	11/30/2016 to 12/30/2016	\$ 485.64	\$ -	\$ -	\$ 485.64	1301 N 8th St 19122
025-77160-00778-001	05/07/2014 to 12/30/2016	\$ 128,656.89	\$ 16,199.98	\$ 50.00	\$ 144,906.87	778 W Thompson St 19122
025-77160-00778-002	10/07/2014 to 12/30/2016	\$ 287,370.31	\$ 37,517.90	\$ 40.00	\$ 324,928.21	778 W Thompson St 19122
420-37040-01600-006	11/30/2016 to 12/30/2016	\$ 90.34	\$ -	\$ -	\$ 90.34	1600 W Girard Ave 19130
025-37040-01600-007	05/07/2015 to 12/30/2016	\$ 128,815.92	\$ 15,288.09	\$ 30.00	\$ 144,134.01	1600 W Girard Ave 19130
912-37040-01600-008	12/20/2016 to 12/30/2016	\$ 853.51	\$ -	\$ -	\$ 853.51	1600 W Girard Ave 19130
025-64360-01330-002	10/31/2016 to 12/30/2016	\$ 43.55	\$ 0.70	\$ -	\$ 44.25	1330 N Perth St 19122
	<b>SECURED WATER TOTALS</b>	<b>\$ 635,219.76</b>	<b>\$ 81,339.79</b>	<b>\$ 170.00</b>	<b>\$ 716,729.55</b>	

Schedule D - The Bank of New York Mellon, Trustee 1997 Bond Issue  
Attachment Three

Bond Redemption January 1, 2017	(\$565,000.00)
Bond Redemption at Par Value Tranche 2	(\$920,000.00)
Bond Redemption at Par Value Tranche 3	(\$4,035,000.00)
Bond Redemption at Par Value Tranche 4	<u>(\$7,390,000.00)</u>
Bond Redemption at Par Value All Bonds	(\$12,910,000.00)
Interest Due and Payable at January 1, 2017	<u>(\$346,036.25)</u>
Total Outstanding Bonds and Earned Interest at December 30, 2016	<u>(\$13,256,036.25)</u>
Less Outstanding Principal Balance FHA Mortgage	<u>\$10,484,167.70</u>
Net Obligation to BNYM	(\$2,771,868.55)